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DEPARTMENT OF HEALTH & HUMAN SERVICES

STATEMENT

OF

MICHAEL H. TRUJILLO, M.D., M.P.H

BEFORE THE

UNITED STATES SENATE

COMMITTEE ON INDIAN AFFAIRS

January 27, 1994

Mr. Chairman, Mr. Vice-Chairman and other distinguished members of the Senate Committee on Indian Affairs, my name is Michael H. Trujillo. I am greatly honored, as is my tribe and family, that President Clinton and Secretary Shalala have nominated me as the director of the Indian Health Service.

As an enrolled member of the Laguna Pueblo in New Mexico, I am a member of the Sun Clan and have the name of my great grandfather Osara, meaning "the sun." I am humbled that the Native people from the Alaska tribes first put forward my name for this position.

Historically, this is the first time that the Indian Health Service Director will be a Presidential appointment with Senate confirmation. I commend the efforts of the Department of Health and Human Services in involving Indian tribes and Indian individuals throughout the entire selection process. I fully endorse this Administration's mandate for change, efforts to provide the opportunity to make change happen at the local, regional and national levels, and efforts to have individuals and communities participate in the process to increase responsibility and involvement.

I look forward with great hope for Indian tribes, as sovereign nations, to determine and provide for their health care in full partnership with the Federal government. I come before you as the President's nominee for the Director of a national health care program that is essential to the well-being of 1.3 million American Indians and Alaska Natives belonging to more than 500 Federally recognized tribes. If confirmed, I will take up the duties and responsibilities to the best of my ability for the benefit of Indian people.

During my career, my education and clinical training, and in my private life, I have had the privilege to know and to be encouraged by a number of concerned and compassionate individuals. I would like to acknowledge Harry Early, present Governor of Laguna Pueblo; James Hena, Chairman of the All Indian Pueblo Council; Doctors John Saiki, Alonzo Atencio and Sei Tokuda of the University of New Mexico, School of Medicine; former Assistant Surgeon General Vivian Chang, M.D., of the U.S. Public Health Service, who recently died in an unfortunate car accident; Kenneth P. Moritsugu, M.D., Assistant Surgeon General, U.S. Public Health Service; and, Clifford Perkins, former high school teacher. Each of these individuals set an example of learning, professionalism, high standards of practice, empathy for others, and for me to do the best I can.

On a personal note, my sister, Assistant Surgeon General Josephine T. Waconda, the first Indian woman to achieve that rank in the U.S. Public Health Service, has set an example of personal integrity and commitment to improve health care for Indian people. Most importantly, I wish to acknowledge my wife, Judith,

who has stood by me with firm support and a belief in strong family ties, and who gives me critical guidance and objective insight. Together, we decided that I would accept the nomination as the Director of the Indian Health Service.

I entered the Indian Health Service forty-nine years ago when I was born at the Indian Hospital in Santa Fe, New Mexico. I was fortunate to have caring parents and, typically, a large extended family. I grew up in the Laguna pueblo community with a rich history, tradition, and strong family ties. Laguna Pueblo is the largest and one of the newer pueblos west of the Rio Grande River in New Mexico, established long before the coming of the Spanish Conquistadors in 1540. I was taught that all around you are your forefathers and that others will come after you in the ever-continuing cycle of life. I learned reverence of the land and appreciation of our unique relationship with Mother Earth and all living entities.

My parents, Miguel H. Trujillo and Ruchanda Paisano Trujillo, were elementary school teachers for the Bureau of Indian Affairs at Laguna. I remember as a child my father meeting with others of the pueblo to discuss issues of land, water, mineral rights, and concerns regarding the State of New Mexico. My father, with help from Mr. Felix Cohen, led the fight for Indian voting rights in New Mexico in 1948. My maternal grandfather, Ulysses G. Paisano, was governor of Laguna Pueblo on several different occasions and was involved in writing the first Constitution for the Pueblo. As I look back upon my childhood, I was exposed to the sense of obligation of doing something for Indian people. My family's activism laid the foundation for my involvement in Indian health care today.

I obtained undergraduate and graduate degrees at several universities. I was the first Indian to graduate from the University of New Mexico, School of Medicine. I later attended and completed training at the University of Minnesota and the Mayo Clinic in Rochester, Minnesota. I had financial support from my pueblo, the All Indian Pueblo Council, the Association on American Indians Affairs and the John Hay Whitney Foundation in my early training. I hope I have "given back" to Indian people, and will continue to do so because of their support and belief in me when I needed it most.

Upon completion of my residency training at the University of New Mexico, I returned home to Laguna to practice medicine by entering the U.S. Public Health Service as a commissioned corps officer in the belief that I would remain in the system for only a brief time. I felt I should learn something about the Indian Health Service as it was the major provider of health care to Indians. My "brief time" has now been a little more than eighteen years and includes experience with the Health Resources and Services Administration in New York, the Bureau of Prisons in Rochester, Minnesota, and the IHS Phoenix, Aberdeen and Portland

Area Offices. I have remained within the system because of my deep concern and commitment as an Indian and as a health professional.

As an Indian Health service Indian physician, I have lived and worked among many tribes in very diverse localities, facing different issues, but all working toward improving health care for Indian people. I know the remoteness of Neah Bay at the northwest tip of Washington of the Makah reservation when the road becomes impassable in winter storms. I have driven the long road to Owyhee, Nevada, and to Peach Springs, Arizona. I have lived in the Dakotas and know the extreme winters and geographic barriers to health care in Eagle Butte, Rosebud, Kyle, Fort Totten and Twin Buttes to name a few.

While I know there are areas of needed improvement in the system, I also know many qualified tribal and Indian Health Service professionals who have built model programs and who continue to provide high quality services to Indian people. The positive efforts must be enhanced" and nurtured while problem areas must be dealt with and eliminated.

It is with this background that I come here today. We, who are involved in Indian hea1th care, are facing a changing external environment with new demands, new needs, and a shifting political picture. The changing internal environment demands increased efficiency, effectiveness and accountability. Awareness of costs and benefits, involvement of local communities and individuals in the decision making process, incorporating new and different ideas into operating programs and establishing effective communications have become paramount to restructuring programs and to turn challenges into opportunities.

I would like to comment briefly on a few of the broader issues that will be affecting the Indian Health Service and Indian health care in the ensuing years:

1) Changing Demographics: While still an overall young population with a median age of 24.2 years, there are growing numbers of elderly and the very old. Many of these individuals cannot be maintained at home or services are not available to enable them to be at home with their families. There is an increasing number of eligible Indians living in urban areas with no defined access to either Indian Health Service or urban medical care systems. Overall, the Indian population is growing at approximately 2.3% per year plus the members of newly recognized tribes. These changes are placing new demands on the Indian Health Service, tribal and urban Indian health care programs.

2) Clinical Issues: These are issues of both an acute and chronic nature that have been with us and must be addressed in a more cohesive manner. There must be renewed emphasis on programs

that address maternal/child health, adolescent health care, overall mental health services with special consideration for the youth, preventive and rehabilitation programs for alcohol/drug abuse, especially those that deal with aftercare, and those that involve the family and address prevention, like those against fetal alcohol syndrome. There is an increasing need to address women's health care issues and have to providers who are sensitive to their needs and concerns. The goal is total family wellness.

Multi-agency coordination efforts, especially with the Bureau of Indian Affairs and with Tribal nations and respective law enforcement programs, regarding child abuse issues must be enhanced and increased. Coordination must also address accidents and the trauma that kills and maims many Indians. Insufficient access to emergency medical care remains a significant problem in many areas of Indian country because of remoteness, weather, and the lack of trained personnel. Chronic diseases, such as diabetes, cardiovascular, and malignant neoplasms, continue to cause severe problems and premature deaths. These significant clinical issues necessitate the strengthening of existing core primary care services with emphasis on public health, preventive health, community health, health education and outreach programs of the Indian Health Service.

3) Facilities, Environmental and Sanitation Programs: While significant strides have been made in these areas, there are still needs that confront Indian Health Service, tribal and urban programs, such as renovations of old facilities and construction of new facilities to meet national standards.

We must assess new ways to meet these needs, such as the demonstration project that enabled the Confederated Tribes of Warm Springs, Oregon, to build their new facility. We must foster innovation with tribes and urban programs to get the job done.

4) Personnel: Recruitment and retention of qualified health professionals who are culturally sensitive, who place importance on community and individual involvement in their own health care, and who become part of the community, will remain a significant issue with Indian Health Service, tribal and urban Indian health care systems. Programs to recruit and retain health personnel continue to be needed even with the increasing number of tribes taking over their own health care systems. Acknowledgment and integration of traditional medicine into the contemporary setting must be supported.

Well qualified professionals will enable the programs to deliver high-quality care and become competitive and marketable in the new health care environment. We must support to a greater extent training programs, such as Indians into Medicine (INMED), so that Indian health professionals will return to Indian

communities. The incentives to recruit health professionals must be flexible to work for the benefit of Indian programs. Only through education of Tribal members, will Tribal nations realize self-sufficiency.

To change the system, we need qualified individuals who will become leaders. We need staff with diverse and innovative talents and ideas. They must support broad based participatory management style. They must practice the "art" of health care and set the example of professional integrity, compassion and honesty. These leaders must remain accountable to the public, Congress, and Indian tribes.

5) Administrative: In keeping with the National Performance Review's recommendations and to reduce the federal civilian work force as directed by the Administration, the Indian Health Service will have to do its part in reducing administrative costs that do riot affect primary patient care at the local/service unit level. since the Indian Health Service is now included in mandated Full Time Equivalent (FTEs) personnel limits, the Indian Health Service will need to meet the directed ceilings. To minimize the disruption of services, and to promote organizational efficiency within IHS, I support changes at the Headquarters and Area Office levels to achieve these ceilings.

6) Health Care Reform: American Indians and Alaskan Natives will receive special treatment under the President's Health Security Act in recognition of the historic obligation of the government-to-government relations that exist between the Federal government and Indian tribes. Under the Act, Indians will receive an improved benefit package and new choices of providers.

As the IHS Director, I will be involved in the health care reform process as the health programs of the IHS will be maintained and expanded to offer the full range of comprehensive benefit package services by 1999. All Indians, whether they enroll with an Indian health plan or an alliance health plan will remain eligible for supplemental services, such as environmental health, outreach, transportation, etc. The PHS Initiatives will affirm the emphasis on these important services. The Department is committed to work with representatives of Indian tribes, tribal organizations, and urban Indian organizations on the issue and I will be a fully active participant in this effort.

7) Indian Self-Determination: The core of social, economic, educational and health improvement of Indian tribes is the right of self-determination, self-governance and the rights of sovereign Indian nations as developed through treaties, the U.S. Constitution, and legal precedence. I fully support and endorse greater self-determination of tribes to enable Indian people to operate their own health care systems. Tribal sovereignty, government-to-government relationships and partnerships must be

strengthened and adhered to so that tribes can maximize control and attain the full benefits under Public Law 93-638 and the self-governance process. However, for those tribes who' determine to continue to receive health services or other services through a Federal agency, such as the Indian Health Service, core programs must remain intact.

These and other issues necessitate that the Indian Health Service continue to become a more effective organization. We need to delegate authority to the appropriate level, yet maintain a cohesive mission. We must simplify the internal system and administrative processes, and realize cost savings while improving the quality of services and raising the morale and productivity of the agency. This change must come through a partnership of Indian tribes and Indian people with congressional endorsement and support.

If confirmed, I will strive to improve the Indian Health Service. I can accomplish this only with your assistance and with collaboration of the tribes. I look forward to strengthening interagency networks. I look forward to developing Tribal, state and IHS relationships. These networks, relationships and collaborative efforts must be extended to include tribal community colleges, medical centers, centers of excellence and professional societies.

As we embark on this new course for Indian health care, I pledge to work with you to meet the many challenges facing Indian health. Together, we can lay a foundation for a better, healthier life for those Indian children who were born this morning so that they will reach their full potential.

with the cultural and spiritual strength embedded in the diversity of the tribal nations, let us come together and realize that we are all one in this universe and in the cycle of life. Let us now embark on a renewed effort to improve the Indian Health Service.

Thank you for the opportunity to share these words with you this morning.